Nebraska Workplan for FFY2010 Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2010
Submitted by: Nebraska
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Executive Summary

The Nebraska Department of Health and Human Services (NDHHS) submits the following **WORKPLAN to describe activities being carried out using Preventive Health and Health Services Block Grant (PHHSBG) funds during Federal Fiscal Year 2010 (October 1, 2009 to September 30, 2010).** The Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services has awarded PHHSBG funds to the State of Nebraska annually since 1981. The NDHHS receives and administers the funds as the designee of the Governor of Nebraska.

Funding Assumptions:

The preparation of the FY2010 Workplan is based on the allocation table from CDC, which is assumed to be the final and true allocation of PHHSBG funds to the State of Nebraska for FY2010. Subsequent changes in the allocation or the amount of funds actually made available for use by the NDHHS will be handled in accordance with the recommendations of the Nebraska Preventive Health Advisory Committee and the policies NDHHS, and in compliance with pertinent Public Health Services Act provisions. *Implementation and subawards of funds are always made contingent upon receipt of sufficient federal funds.*

State Level Allocation of Funds During FY2009:

This Workplan addresses national-level Healthy People 2010 objectives, which were selected in consultation with the Nebraska Preventive Health Advisory Committee. The selection was based upon data related to leading public health problems and needs in Nebraska and upon availability of alternate financial resources.

The following amounts have been allocated to priority programs for FY2009:

PROGRAM ALLOCATION

- Dental Health Program.....$140,000
- Diabetes Program.....$136,000
- Laboratory Testing Program..... $267,000
- Minority Health Program..... $86,000
- People, Places & Partners Program (Infrastructure)..... $408,000
- Unintentional & Intentional Injury Program.....$242,000
- Worksite Wellness Program.....$280,449

These funded programs will help to achieve identified national **PHHS Block Grant Goals,** focusing on reducing chronic disease and injury, and strengthening local health infrastructure.

1. **Achieve health equity and eliminate health disparities by impacting social determinants of health;**
2. **Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors;**
3. **Support local health programs, systems, and policies to achieve healthy communities;**
4. **Provide opportunities to address emerging health issues and gaps.**

Funding History:

Nebraska's PHHSBG award from CDC had stabliized following a decade of steady decline, amounting over 40% from 1998 to 2008. As other funds became available, two programs were shifted off the PHHS Block Grnat, which made funds available to expand support for injury prevention, diabetes control and worksite wellness as well as to restore funding to local/district health departments. Those funds also allowed Nebraska to address dental health care needs among children from low-income households for the first time in FY2009 and to continue that investment in FY2010.

Law:

Funds are administered through the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Titles I-V (Public Law 78-410); as added by the Omnibus Budget Reconciliation Act of 1981, Title XIX, Part A, Sections 1901-1907 (Public Law 97-35); amended by Preventive Health Amendments of 1984 (Public Law 98-555); Omnibus Programs Extension of 1988 (Public Law 100-607), and Preventive Health Amendments of 1992 (Public Law 102-531). [The Crime Bill of 1994, Violence Against Women Act, which added Section 1910A, Rape Prevention and Education, was repealed in 2000 by Public Law 106-386.]

Funding Rationale: Under or Unfunded, Data Trend

Statutory Information

Advisory Committee Member Representation:

American Indian/Alaska Native tribe, College and/or university, Community-based organization, Community health center, Community resident, County and/or local health department, Dental organization, Hospital or health system, Minority-related organization, Public and/or private school (K-12), State health department, State or local government

Dates:

Public Hearing Date(s):	**Advisory Committee Date(s):**
	6/26/2009
	2/5/2010

Current Forms signed and attached to work plan:

Certifications: No
Certifications and Assurances: Yes

Budget Detail for NE 2010 V0 R0	
Total Award (1+6)	$1,645,449
A. Current Year Annual Basic	
1. Annual Basic Amount	$1,603,544
2. Annual Basic Admin Cost	($86,000)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$1,517,544
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$41,905
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$41,905
(9.) Total Current Year Available Amount (5+8)	$1,559,449
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$1,559,449

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$1,517,544
Sex Offense Set Aside	$41,905
Available Current Year PHHSBG Dollars	$1,559,449
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$1,559,449

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
DENTAL HEALTH PROGRAM	21-12 Dental services for low-income children	$140,000	$0	$140,000
Sub-Total		**$140,000**	**$0**	**$140,000**
DIABETES PROGRAM	5-5 Diabetes	$136,000	$0	$136,000
Sub-Total		**$136,000**	**$0**	**$136,000**
LABORATORY TESTING PROGRAM	13-1 HIV-AIDS	$60,000	$0	$60,000
	25-1 Chlamydia	$180,000	$0	$180,000
	25-2 Gonorrhea	$27,000	$0	$27,000
Sub-Total		**$267,000**	**$0**	**$267,000**
MINORITY HEALTH PROGRAM	7-11 Culturally appropriate community health promotion programs	$86,000	$0	$86,000
Sub-Total		**$86,000**	**$0**	**$86,000**
PEOPLE, PLACES AND PARTNERS PROGRAM	23-2 Public health access to information and surveillance data	$93,000	$0	$93,000
	23-11 Performance standards	$315,000	$0	$315,000
Sub-Total		**$408,000**	**$0**	**$408,000**
UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM	15-20 Child restraints	$100,000	$0	$100,000
	15-27 Falls	$50,000	$0	$50,000
	15-35 Rape or attempted rape	$42,000	$0	$42,000
	18-1 Suicide	$50,000	$0	$50,000
Sub-Total		**$242,000**	**$0**	**$242,000**
WORKSITE WELLNESS PROGRAM	7-5 Worksite health promotion programs	$280,449	$0	$280,449
Sub-Total		**$280,449**	**$0**	**$280,449**
Grand Total		**$1,559,449**	**$0**	**$1,559,449**

State Program Title: DENTAL HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded Dental Health Program is dedicated to providing dental care and preventive services, reducing the unmet dental needs of children from low-income and minority households in Nebraska.

Health Priorities:
Dental decay is a significant public health problem for Nebraska children. A school based survey conducted in 2005 showed that approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health status and nearly 30% of children from low income schools have untreated dental decay. Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

Primary Strategic Partners: Local/District Health Departments, University of Nebraska College of Dentistry, Creighton University School of Dentistry, Central Community College Dental Hygiene Program, local pediatric dentists,

Evaluation Methodology: Subawardees collect data on services, including demographics and specific procedures rendered; conduct process review involving staff, dental professionals and translators aimed at quality improvement. An oral health surveillance system, modeled after the National Oral Health Surveillance System of the Association of State and Territorial Dental Directors (ASTDD).

State Program Setting:
Child care center, Local health department, Schools or school district

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 21-12 Dental services for low-income children

State Health Objective(s):
Between 10/2009 and 09/2014, decrease by 5% the percentage of third graders in Nebraska who have untreated dental decay.

Baseline:
17%

Data Source:
Open Mouth Survey

State Health Problem:

Health Burden:
The 2005 *Open Mouth Survey,* Nebraska's first-ever statewide assessment of oral health among children in 3rd grade in the State of Nebraska, found that dental decay is a significant public health problem for Nebraska school children.

- After receiving training on conducting standardized assessments, dentists visited fifty-five schools across the state and examined the mouths of 2,057 students. Approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

- Although dental sealants are a proven method of preventing dental disease, only half the children had received this preventive care.

- According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health and nearly 30% of children from low income schools have untreated dental decay.

- Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

This assessment was modeled upon the instrument developed by the Association of State and Territorial Dental Directors (ASTDD).

Target Population:
Number: 1,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 400
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: "Open Mouth" School Based Oral Health Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: March 2009 report titled "Increasing Access to Dental Care in Medicaid: Targeted Programs for Four Populations," the National Academy for State Health Policy makes a case for providing preventive oral health services for young children and includes broadening service delivery sites as promising strategies.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $140,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $140,000
Funds to Local Entities: $140,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:
Preventive/Evaluative Care
Between 10/2009 and 09/2010, NDHHS Office of Oral Health and Dentistry with contractors will provide evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1,000** children and parents.

Annual Activities:
1. Evaluative Clinics and Preventive Services
Between 10/2009 and 09/2010, contract with at least two local/district health departments to provide preventive and evaluative services to at least 500; the activities include evaluative clinics, tooth brushing program at grade schools, parent education at worksites, preventive dental care and education at child care settings and xylitol program among young parents at a high school.

Objective 2:
Restorative Care
Between 10/2009 and 09/2010, DHHS Office of Oral Health and Dentistry with contractors will provide restorative dental care procedures to **100** children without a dental home or other sources of oral health care.

Annual Activities:
1. Restorative Clinics and Van
Between 10/2009 and 09/2010, contract with at least two local/district health departments to organize and conduct restorative clinics (in traditional dental settings or in dental care van) to provide at least 800 specific restorative or preventive procedures.

State Program Title: DIABETES PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Diabetes Program*** is dedicated to preventing death and disability due to diabetes. The program focuses on individuals with diabetes, especially in rural area; diabetes care providers; and Native American children in one tribal school.

Health Priorities: During the 2003 to 2007 period, the age adjusted death rate due to Diabetes Mellitus in Nebraska was 22.0 per 100,000 population, making it the state's seventh leading cause of death during these years. The number of deaths attributed to Diabetes Mellitus during those years: 392 deaths in 2002, 406 in 2003, 395 deaths in 2004, 449 in 2005, 437 in 2006 and 472 in 2007.

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program, One World Community Health Centers; Santee Public School; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); and Certified Rural Health Clinics.
- Internal: NDHHS Cardiovascular Health Program, and NDHHS Office of Rural Health.

Evaluation Methodology:

- The Public Health Support Unit, Health Statistics and Vital Records, collects and reports data including cause of death data.
- The two contracting diabetes clinics gather data on the number of their patients that undergo A1c tests and compare to pervious year data.
- The Native American school document the the number of students educated and served fruit and vegetable snacks daily, and the number of students participating in additional physical activity (at least 30 minutes per day on 5 or more of the previous 7 days).
- The Nebraska Registry Project tracks the number of clinics that participate in training and a diabetes quality improvement project. In addition, the Registry Project documents A1c levels and other diabetes and cardiovascular disease indicators.
- Diabetes and pre-diabetes data from the Behavioral Risk Factor Surveillance System (BRFSS), will monitor the prevalence of diabetes and pre-diabetes along with diabetes risk factors among all adult residents in Nebraska. Data from the BRFSS diabetes modules will be used to monitor, among people who have been diagnosed with diabetes the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms).

State Program Setting:

Community health center, Medical or clinical site, Schools or school district, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Community Health Nurse III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Title: Program Manager I

State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.75

National Health Objective: HO 5-5 Diabetes

State Health Objective(s):

Between 10/2009 and 09/2014, **Maintain the diabetes death rate at no more than 75 per 100,000 population. (This rate pertains to those deaths where diabetes was mentioned anywhere on the death certificate.)**

Baseline:
The age-adjusted death rate for diabetes in Nebraska during the 2003 to 2007 period was 76.6 per 100,000 population.

Data Source:
NDHHS Vital Statistics Report, based on death certificates.

State Health Problem:

Health Burden:
People with diabetes experience death rates two to four times greater than people without diabetes. Diabetes increases the risk of cardiovascular disease, blindness, renal failure and amputation.

- In 2008, an estimated 7.8% of Nebraska adults had diagnosed diabetes, which is a significant increase from the rate of 4.4% recorded just over a decade ago in 1995.
- In 2006, the direct and indirect cost of diabetes in Nebraska totaled approximately $809 million.

Target Population:
Number: 100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 60,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Behavioral Risk Factor Surveillance System, American Diabetes

Association, Vital Statistics, Youth Risk Behavioral Surveillance System.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Diabetes Control and Complications Trial, 1993.

American Diabetes Association, Clinical Practice Recommendations, 2009.

American Diabetes Association, Position Statement on Nutrition Services in Schools, 2009.

Health Resources Services Administration (HRSA), Planned Care Model/Chronic Care Model is the basis for Nebraska's Registry Partnership.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $136,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $63,064
Funds to Local Entities: $31,800
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Primary prevention among Native American children

Between 10/2009 and 09/2010, Diabetes Program and Santee Public School will provide nutrition education curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity to **serve 100** students attending the Native American School.

Annual Activities:

1. Eliminate Risk Factor

Between 10/2009 and 09/2010, Contract with a Native American School (Santee Public School) and continue to maintain the consumption of fruits and vegetables and engage in physical activity.

- Incorporated "Fruits and Veggies More Matters" curriculum for elementary students to provide activities and learning experiences to increase fruit and vegetable consumption.
- Provide fruit and vegetable snack each day.
- Provide one fruit and one grain serving at breakfast each day.
- Arrange for increased levels of mandatory daily physical activity; reaching at least 100 students in grades 1 through 12. (Grades 1-6 will participate in 75-150 minutes of physical activity per week. Grades 7-12 will participate in 150-225 minutes per week.)

Essential Service 7 – Link people to services

Objective 1:

Diabetes Clinical Interventions

Between 10/2009 and 09/2010, Diabetes Program; Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program client to **51% of community-based program clients**.

Annual Activities:

1. Diabetes self-care

Between 10/2009 and 09/2010, Contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at One World Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.

- Community Action Partnership of Western Nebraska (CAPWN) will provide culturally appropriate education and interventions for 50 new individuals with diabetes: provide and conduct 12 diabetes education sessions, one-on-one diabetes education, smoking cessation information to currently enrolled persons and newly referred persons, participate at at least one community health fair. CAPWN will continue to participate in Diabetes Collaborative activities (initiative of the Bureau of Primary Health Care to improve diabetes systems change in clinics.)
- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes patient education and materials to 40 patients at OneWorld Community Health Center. NMC will conduct one-on-one education sessions.

2. Nebraska Registry Partnership

Between 10/2009 and 09/2010, Provide technical assistance and training to 9 clinics participating in the Nebraska Registry Partnership (NRP) based on the Planned Care Model and evidence-based diabetes and cardiovascular standards of care. Technical assistance will include implementation and evaluation of a Clinic-based Diabetes Quality Improvement Project,clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators. (Indicators include A1c, eye exam, foot exam, microalbumiuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise.)

Develop a long-term comprehensive evaluation plan for the NRP.

State Program Title: LABORATORY TESTING PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Laboratory Testing Program*** is dedicated to limiting infection with two Sexually Transmitted Diseases (STDs), Chlamydia and Gonorrhea, as well as Human Immunodeficiency Virus (HIV) in Nebraska. It provides free testing at selected sites for residents of Nebraska who are at risk of infection with of HIV and STDs. Subsidizing the cost of laboratory testing makes testing accessible to all, increases awareness and ultimately helps prevent the spread of infection.

The Laboratory Testing Program helps to accomplish the goals of two statewide disease control programs:

- NDHHS Sexually Transmitted Disease Program aims to control and prevent sexually transmitted diseases and reduce the burden and cost of these infections.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,539 cases in 2008.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,431 cases in 2008.

HIV/AIDS: As of the end of 2006, a total of 2,241 persons had been reported with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska; of these 35% are known to have died.

Primary Strategic Partnerships:

STDs: STD Clinics, Family Planning Facilities, Correctional Centers, Student Health Centers, Indian Health Services, Substance Abuse Centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at UN Medical Center.

HIV/AIDS: Local Health Departments, Title X Family Planning Clinics, Public Health Centers, Correctional Facilities, Community Based Organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UN Medical Center, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:

STDs: Monitoring performance of laboratory contractor through reports and billing, calculation of rates using U.S. Census figures for comparison, calculation of cost benefit using CDC formula.

HIV/AIDS: Monitoring performance of laboratory contractors through lab testing documents and billing, and clinic patient service forms, generating data using Counseling and Testing (CTS) and Program Evaluation and Monitoring System (PEMS).

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Rape crisis center, Tribal nation or area, University or college, Other: corrections facilities

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 13-1 HIV-AIDS

State Health Objective(s):

Between 10/2009 and 09/2014, **increase the percentage of high-risk persons among those tested to at least 70%.**

Baseline:
Of the 5,924 tests performed in 2000, 3,672 or 62% were high risk clients.

Data Source:
Nebraska's HIV Prevention Counseling, Testing and Referral Program.

State Health Problem:

Health Burden:

- **HIV/AIDS Incidence:** As of the end of 2006, a total of 2,241 persons had been reported with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska; of these 35% are known to have died. During 2006, 117 new cases of HIV and AIDS were diagnosed, reflecting an incidence rate of 6.7 cases per 100,000 population.

- **Prevalence:** At the end of 2006, 1,397 Nebraska residents were known to be living with HIV/AIDS (PLWHA). However, since not all persons infected with HIV are aware of their status, it is estimated that there were between 2,182 and 2,489 persons currently living in Nebraska with HIV disease. New prevalence data is continuing to be compiled and completed as there have been barriers within the system responsible for surveillance. DHHS hopes to have more current data available after the 2010 grant year.

- **Overall AIDS Trends --** From 1983 to 2006, a total of 1,487 incident AIDS cases have been diagnosed among Nebraska residents. Since reporting of AIDS cases first started in 1983, the number of cases per year increased rapidly, reaching a peak of 99 cases in 1992. The number of AIDS cases remained stable from 1992 through 1995. Beginning in 1996, both the number of newly diagnosed AIDS cases and the number of deaths among AIDS cases declined sharply. This is primarily due to the success of new antiretroviral therapies including protease inhibitors. These treatments do not cure, but can delay progression to AIDS among persons with HIV (non-AIDS) infection and improve survival among those with AIDS. Since 1998, the number of reported AIDS cases in Nebraska has varied from 60 to 80 cases per year.

Target Population:
Number: 6,500
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Program Evaluation and Monitoring System (PEMS) and Enhanced HIV/AIDS Reporting System (eHARS)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Confirmation testing for HIV follows the process outlined by the Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health-Care Settings, published by CDC, MMWR, September 22, 2006/55 (RR14); 1-17.

HIV counseling, testing and referral services follow the Revised Guidelines for HIV Counseling, Testing and Referral: Technical Expert Panel Review of CDC HIV Counseling, Testing and Referral Guidelines, published by the CDC MMWR, November 9, 3001/50 (RR19); 1-58.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $60,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $60,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
HIV Lab Testing
Between 10/2009 and 09/2010, the HIV Program, through contracting laboratory services, will maintain **6,000** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to

facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:

1. HIV Samples Tested

Between 10/2009 and 09/2010, contract for laboratory testing on samples.

Number of tests to be completed:
- 2,450 HIV EIA tests at $20.50 per test
- 39 HIV Western Block tests at $94 per test

National Health Objective: HO 25-1 Chlamydia

State Health Objective(s):

Between 10/2009 and 09/2014, **A. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 24 years, attending Family Planning clinics to no more than 6.0 percent positive.**

B. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 24 years, attending STD clinics to no more than 14.0 percent positive.

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 24 years, attending STD clinics to no more than 17.4 percent positive.

Baseline:

Target and baseline:Nebraska

Objective	Reduction in *Chlamydia trachomatis* infections	2006 Baseline	2014 Target
		Percent	
25-1a.	Females aged 15 to 24 years attending family planning clinics	6.0	6.0
25-1b.	Females aged 15 to 24 years attending STD clinics	16.9	14.0
25-1c.	Males aged 15 to 24 years attending STD clinics	18.4	17.4

Data Source:

Data source STD Program (STDmis/ELIRT)

State Health Problem:

Health Burden:

STDs: The number of cases and rate (per 100,000 population) for each of the past 5 years in the general population is as follows:

- **Chlamydia**:

2004 -- 5,241 cases -- rate 301.3
2005 -- 5,080 cases -- rate 288.9
2006 -- 5,451 cases -- rate 308.3
2007 -- 5,149 cases -- rate 291.2
2008 -- 5,539 cases -- rate 310.6

Target Population:
Number: 124,704
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 124,704
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: CDC Region VII IPP Advisory Group Committee 2009

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $180,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $180,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
Chlamydia/Gonorrhea Testing

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, will maintain **12,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:

1. Chlamydia Samples Tested

Between 10/2009 and 09/2010, contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- 10,300 **Chlamydia**/Gonorrhea BD Amplified Tests, at $11.85 per test
- 4,081 **Chlamydia**/Gonorrhea BD Urine Tests at $13.50 per test

National Health Objective: HO 25-2 Gonorrhea

State Health Objective(s):

Between 10/2009 and 09/2014,
Reduce the prevalence of Gonorrhea infections among Nebraska's adolescents and adults, aged 15 to 34 years, to no more than 260/100,00 population.

Baseline:
Baseline: 261.8/100,000 among 15-34 year old population in 2006

Data Source:
Data STD-mis Program

State Health Problem:

Health Burden:
STDs: The number of cases and rate (per 100,000 population) for each of the past 5 years is as follows:

- **Gonorrhea**

2004 -- 1,144 cases -- rate 65.8
2005 -- 1,158 cases -- rate 65.9
2006 -- 1,441 cases -- rate 81.5
2007 -- 1,442 cases -- rate 81.5
2008 -- 1,431 cases -- rate 80.2

Target Population:
Number: 493,775
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 225,240
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female
Geography: Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: U.S. Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: CDC Overview of Gonorrhea Epidemiology and Program Prevention Effort 2009

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $27,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $27,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, will maintain **12,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:

1. Gonorrhea Samples Tested

Between 10/2009 and 09/2010, contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- 10,300 Chlamydia/**Gonorrhea BD Amplified Tests**, at $11.85 per test
- 4,081 Chlamydia/**Gonorrhea BD Urine Tests** at $13.50 per test
- 2,984 **Gonorrhea Cultures** at $10.00 per test

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded Minority Health Program is dedicated to reducing disparities in health status among racial/ethnic minorities residing in Nebraska.

Health Priorities: The PHHS Block Grant supports a portion of the NDHHS Office of Health Disparities and Health Equity, which has as its Priority Issues:

- Improve access to health services for racial/ethnic minorities
- Improve data collection strategies
- Increase racial/ethnic minority representation in science and health professions
- Develop a relevant and comprehensive research agenda
- Expand community-based health promotion and disease prevention outreach efforts.

Specifically, the PHHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

Primary Strategic Partners: Local health departments, health care providers, community- and faith-based organizations, Native American tribes, the Nebraska Minority Public Health Association, the Statewide Minority Health Council, and Minority Health Initiative grantees.

Evaluation Methodology: The Minority Health Program evaluation includes:

- Pre and post tests on knowledge gained among target audiences,
- Attendance records,
- Reports from local health departments on the number of strategic plans that address health access challenges among racial-ethnic minority communities, and include minority leaders
- Copies of publications printed: 2009 edition of the Nebraska Health Status of Racial and Ethic Minorities report, report cards and public health policy briefs,
- Report on results of oversample Minority Behavioral Risk Factor Survey,
- Follow up participant evaluations after presentations of cultural competency curriculum,
- Attendance data and participant evaluations of statewide conference.

State Program Setting:

Local health department, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Data Assistant
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1
Total FTEs Funded: 1.00

National Health Objective: HO 7-11 Culturally appropriate community health promotion programs

State Health Objective(s):

Between 10/2009 and 09/2014, increase the competence of the staff of Nebraska's health departments at both the state and local/district levels to develop culturally and linguistically appropriate minority health programs and services.

Baseline:
10 local/district agencies and 1 state level agency

Data Source:
Office of Health Disparities and Health Equity

State Health Problem:

Health Burden:
Nebraska's Behavioral Risk Factor Surveillance System (BRFSS) Report for FY2004 to 2006 shows that racial and ethnic minority groups in Nebraska are generally at greater risk for premature death and disability than the white population of the state.

- African Americans and Native Americans generally reported poorer health status and greater prevalence of some risk behaviors.
- Hispanic Nebraskans and African Americans were less likely to have received certain recommended screenings and preventive care.
- Although Asian Americans were less likely to show significant differences when compared to white Nebraskans, like the other three racial/ethnic minority groups, they were less likely than white Nebraskans to have access to high-quality health care.

Note: To increase the number of racial and ethnic minority respondents, a separate “minority oversample” survey was conducted in each of the three years (2004, 2005 and 2006).

A September 2009 report called "Health Status of Racial and Ethnic Minorities in Nebraska" details health status disparities, including;

- The death rate due to diabetes is 4.8 times as high for Native Americans and 3.6 times as high for African Americans, as the rate for white Nebraskans.
- In 2003-2007, African Americans had the highest rate of cancer of any racial ethnic group n Nebraska, 242.4/100,000 population, compared to a rate of 175.8/100,000 for whites.
- During 2002-2006, the incidence of diagnosed cases of HIV/AIDS for African Americans is 13.9 times the white rate and for Native Americans (5.4 times) and Hispanics (4.7 times).
- Mortality rate due to suicide is 2.1 times as high for Native Americans as the rate for whites.
- The average life expectancy for the state of Nebraska in the three-year period, 2002-2004 was 78.9 years for whites, 72.2 years for African Americans and 70.7 years for Native Americans.
- Heart disease is the leading cause of death among African Americans, Native Americans, and whites in Nebraska. African Americans have the highest rate of mortality (228.3 deaths per 100,000 population) and are 1.3 times as likely to die of heart disease as whites. Native Americans have the second highest rate of heart disease mortality (192.4/100,000) and are 1.1 times as likely to die of the disease as whites.

Target Population:
Number: 216,769
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 216,769
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census estimates 2005-2007

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Standards on Culturally and Linguistically Appropriate Services CLAS (US Department of Health and Human Services, Office of Minority Health.)

Report to Congress: Assessment of the Total Benefits and Costs of Implementing Executive Order No. 13166: Improving Access to Services for Persons with Limited English Proficiency (US Department of Health and Human Services, Office of Minority Health)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $86,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $35,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:
Minority Health Data
Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff will analyze **3** data sets for racial ethnic minority populations.

Annual Activities:

1. Survey Nebraska Minority Populations
Between 10/2009 and 09/2010, survey Nebraska minority populations using Behavioral Risk Factor Surveillance System (BRFSS), with oversampling of minority populations. Add race demographic and social context questions to the survey and conduct preliminary analysis of same data collected in 2009.

2. Establish Searchable Data Set
Between 10/2009 and 09/2010, use the 2008 preliminary analysis of consolidated hospital discharge data to establish a searchable data set for minority populations.

3. Health Status of Immigrants
Between 10/2009 and 09/2010, BRFSS and minority oversample data for 2007 and 2008 will be analyzed to show the health status of Nebraska immigrants.

4. Analyzing Data
Between 10/2009 and 09/2010, conduct analysis of BRFSS and minority oversample data from the 2007 and 2008 Social Context and Reaction to Race modules.

5. Hospital Discharge Report
Between 10/2009 and 09/2010, use the preliminary analysis of the 2007-2008 hospital discharge data to develop a Nebraska Minority Hospital Discharge Report.

6. Disparity Fact Book
Between 10/2009 and 09/2010, develop a user-friendly "Disparity in Nebraska Fact Book" based on the 2003-2007 data that provides a summary of data, overarching picture of minority health in Nebraska, and capstones highlights of selected minority health indicators and issues.

7. Health Status of Racial Ethnic Minorities Report
Between 10/2009 and 09/2010, starting from the 2009 draft, complete the final report, providing an assessment of the current health status of Nebraska's racial ethnic minority populations and how it has changed over time.

Objective 2:
Training and Conference Support
Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff will increase the percent of health administrators, public health managers and employees, physicians, and health care providers who have direct knowledge of Nebraska's diverse populations and their health care needs from 2% to **5%**.

Annual Activities:
1. Cultural Competency Curriculum
Between 10/2009 and 09/2010, plan, organize and co-host cultural competency trainings for behavioral health providers and state employees through presentations of the Kaleidoscope curricula.

2. Missing Links Conference
Between 10/2009 and 09/2010, sponsor the annual Missing Links IV Conference in July 2010.

Objective 3:
Data Analysis
Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity will provide technical assistance in data collection and analysis to **18** Minority Health Initiative grants; analyze and evaluate Nebraska racial ethnic minority data on diseases; and publish reports.

Annual Activities:

1. Hire a Data Assistant
Between 10/2009 and 09/2010, hire a Data Assistant to work with the Health Surveillance Specialist to provide technical assistance to Minority Health Initiative grants in the collection and evaluation of data and resolve methodology problems

2. Disease and Risk Factor Analysis
Between 10/2009 and 09/2010, identify, analyze, validate and evaluate data on various health and disease risk factors of racial ethnic minorities, Native Americans, refugees, and newly arrived immigrants.

3. Health Status Report Cards
Between 10/2009 and 09/2010, develop and publish the 2009 health status report cards and data sheets.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***People, Partners and Places Program*** is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska primarily through organized governmental agencies, specifically the state health department and local/regional health departments. *(The program name was chosen to clarify the fundamental parts of public health infrastructure.)*

Health Priorities: NDHHS selected as priority activities: **monitoring health status**, **monitoring program performance** and developing public health **policy and plans** on a statewide basis:

- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

- BRFSS: Survey and study partners: External -- CDC, Local Public Health Departments, University of Nebraska Medical Center. Internal -- NDHHS programs including Child Protective Services, Mental Health, Tobacco Free Nebraska, Nebraska State Patrol. Users of survey results and reports -- Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access.
- Health Data: External -- Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal -- NDHHS Offices and Units within the Division of Public Health.
- Community Health Development: Local Public Health Departments (County and District), Public Health Association of Nebraska, NACCHO, NALBOH, ASTHO, Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- BRFSS: Survey documents and reports, disposition codes for every call, surveyor training records, call monitoring and call back records by supervisors, response rate calculation.
- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, Reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), Reports from Contractors, Observation of Presentations by LHD staff.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

State Program Setting:

Community based organization, Local health department, Schools or school district, State health department, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Health Program Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Statistical Analyst III
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Title: Lead Program Analyst
State-Level: 34% Local: 0% Other: 0% Total: 34%
Position Title: Statistical Analyst III
State-Level: 2% Local: 0% Other: 0% Total: 2%
Position Title: Administrative Assistant I
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 2.71

National Health Objective: HO 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 10/2009 and 09/2014, **maintain Nebraska's health surveillance system at the state and local level and develop process for collection and analysis of needed health data for all populations, development of health status indicators and provision of information to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).**

Baseline:
40,000 completed surveys annually

Data Source:
NDHHS

State Health Problem:

Health Burden:
The Nebraska Department of Health and Human Services must collect and analyze data in order to track achievement of objectives, evaluate the success of interventions and complete reporting for the PHHS Block Grant. It is logical that a portion of PHHS Block Grant funds allocated to Nebraska be used the Data and Information Systems Health Objective.

"The third component of infrastructure development is information and data resources. Accurate and timely data must be available to conduct community and statewide needs assessments as well as provide a basis for formulating health policies and appropriate intervention strategies. Greater efforts are needed to link databases together and make data more accessible for people at the local level. Greater efforts should also

be made to collect and analyze new data that will more clearly identify health needs." [Source: *Turning Point: Nebraska's Plan to Strengthen and Transform Public Health in Our State, 1999]*

Target Population:
Number: 5,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:
Number: 1
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: BRFSS: The guideline for doing BRFSS surveys was developed by CDC - Behavioral Surveillance Branch, called the Behavioral Risk Factor Surveillance System Operational and User's Guide. The current document is Version 3.0, issued December 12, 2006, http://ftp.cdc.gov/pub/Data/BRFSS/userguide.pdf

Health Data: Toward a Health Statistics System for the 21st Century: Summary of a Workshop.

http://www.nap.edu/openbook/0309075823/html, copyright, 2000 The National Academy of Sciences.

The Future of the Public's Health in the 21st Century (2002).
http://www.nap.edu/openbook/030908704X/html/96.html, copyright 2002, 2001 The National Academy of Sciences.

CHD Unit: The Future of Public Health and The Future of the Public's Health in the 21st Century (Institute of Medicine of the National Academies)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $93,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
Data and Surveillance
Between 10/2009 and 09/2010, NDHHS staff will provide health data to **5,000** users of data.

Annual Activities:

1. Data Collection and Analysis

Between 10/2009 and 09/2010, identity over 500 health indicators, populate a multi-sheet spreadsheet with current data for these 500+ indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFS) Query-System.

2. Data Analysis Plan for Healthy People 2020

Between 10/2009 and 09/2010, Review national Healthy People 2020 objectives and develop proposed objectives for Nebraska Healthy People 2020 initiative.

National Health Objective: HO 23-11 Performance standards

State Health Objective(s):

Between 10/2009 and 09/2014, **Increase the capacity of Nebraska's governmental public health agencies to carry out all 3 Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692 Local/District Public Health Departments.**

(Note: LB692 was the legislative bill under which the current system of district health departments was established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.)

Baseline:

16 local health agencies existed prior to implementation of LB692, covering 22 counties.

Data Source:

Nebraska Department of Health and Human Services (NDHHS)

State Health Problem:

Health Burden:

The approach to the problem was based on the following assumptions:

1. That improving the ability of Nebraska Department of Health and Human Services (NDHHS) programs to carry out the core functions of public health will improve the health status of all Nebraska residents and narrow the disparity in health status between minority and majority populations.
2. That improving the capacity of Nebraska's local/district health departments to carry out the 3 Core Functions and 10 Essential Services of Public Health requires developing performance standards, training the public health workforce and facilitating health improvement planning.
3. That conducting surveys and gathering health-related data, analyzing survey findings and health data trends, and reporting reports and setting goals will help guide the rational development of health interventions to protect health and safety of all.
4. That carrying out coordination and monitoring of funded programs will improve their quality and increase their adherence to sound principles of public heath, including use of science-based strategic planning, implementation of evidence based interventions, establishment of performance measures and tracking of impacts and outcomes of programs.

Target Population:
Number: 18
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:
Number: 1
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Future of Public Health (Institute of Medicine), 1988.

The Future of the Public's Health in the 21st Century (National Institutes of Health) 2003.

Building Our Nation's Public Health Systems: Using performance standards to improve public health practice (American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health National Network of Public health Institutes, Public Health Foundation, Centers for Disease Control and Prevention) November 2005.

Operational Definition of a Functional Local Health Department, as listed in Model Practices, (National Association of City and County Health Officials) November 2005.

Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments (Association of State and Territorial Health Officials and National Association of County and City Health Officials with funding from the Centers for Disease Control and Prevention and the Robert Woods Johnson Foundation) September 12, 2006.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $315,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $150,000
Funds to Local Entities: $150,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:
Support for Local/District Health Departments
Between 10/2009 and 09/2010, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments.

Annual Activities:

1. Technical Assistance

Between 10/2009 and 09/2010, NDHHS staff assess the technical assistance needs of local/district health departments. Staff members gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff also plan and arrange technical assistance and training opportunities. Technical assistance is provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

2. Financial Assistance

Between 10/2009 and 09/2010, NDHHS provides funds to local/district health departments to conduct a comprehensive community assessment and health prioritization process (Mobilizing for Action through Planning and Partnerships [MAPP]). Based on local health priorities, NDHHS provides additional funds for local health departments to implement evidence-based programming. PHHSBG are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Objective 2:

State Level Oversight

Between 10/2009 and 09/2010, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Annual Activities:

1. Monitor and Support

Between 10/2009 and 09/2010, The PHHS Block Grant Coordinator reviews written reports, holds one-on-one meetings and telephone contacts, participates in group telephone consultation, meets with program staff members on location, and attends funded activities to observe progress.

Essential Service 8 – Assure competent workforce

Objective 1:

Training and Educational Resources

Between 10/2009 and 09/2010, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to **18** local/district health departments.

Annual Activities:

1. Training Sessions

Between 10/2009 and 09/2010, NDHHS staff members coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

2. Mentoring

Between 10/2009 and 09/2010, NDHHS staff provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Unintentional and Intentional Injury Prevention Program*** is dedicated to the prevention of unintentional and intentional injuries, injury-related hospitalizations, long-term disability and deaths.

Health Priorities:

- Injuries are the fourth leading causes of death for Nebraskans.
- For Nebraskans age 1 – 34 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than to any other cause of death
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska. They were the second leading cause of unintentional injury death.
- Statewide, motor vehicle crashes are the leading cause of injury death. Suicide is the second leading cause of injury death.
- One in eight adult women, or more than 84,000 adult women in Nebraska, has experienced one or more completed forcible rapes during her lifetime.
-

Primary Strategic Partnerships:

Unintentional Injury:
External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, parents and the general public;
Internal: NDHHS epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:
Sexual Offense Set-Aside funds are contracted to the network of 19 local sexual assault crisis centers which are supported by the Nebraska Domestic Violence Sexual Assault Coalition. The local programs partner with schools, universities, faith-based organizations and a range of community organizations, as well as local crisis response teams, law enforcement and medical providers.

Suicide: Nebraska Suicide Prevention Coalition, University of Nebraska Public Policy Center, Nebraska Interfaith Ministries, Bryan LGH, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:

Unintentional Injury: Collection and monitoring of reports from Safe Kids Coalitions and Chapters, and Child Passenger Technicians. Access Death Data and Hospital Discharge Data, analyze results and trends. Provide data results to partner programs. Monitor program participant survey results.

Intentional Injury:
Rape Set-Aside: Collection and analysis of reports from local programs for both preventive education and victim services, surveillance surveys among victims, workshop evaluation data.

Suicide: Access death data, hospital discharge data, and Child Death Review Team data, analyze results and trends.

Source: NE DHHS Vital Statistics, 2007, NE DHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coaltion.

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Rape crisis center, Schools or school district, Senior residence or center, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Community Health Educator III
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Health Surveillance Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 2.00

National Health Objective: HO 15-20 Child restraints

State Health Objective(s):

Between 10/2009 and 10/2014, Increase Use of Child Restraints to 92% by 2010

Baseline:
Baseline: 56% usage in 1998 for Nebraska

Data Source:

Nebraska Office of Highway Safety- NDOR

Child Restraint Surveys are conducted each year between August and September.

Child safety seat use is surveyed annually through observations conducted in rural and urban counties in Nebraska.

State Health Problem:

Health Burden:
For children aged 1-19 the leading cause of death is from motor vehicle or traffic incidents.

Target Population:
Number: 250,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 30,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NE Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
Promising Practices Network (RAND Corporation)

Other: Governor's Highway Safety Association's Occupant Protection for Children: Best Practices Manual, Model Program Elements Section to address childhood occupant protection: 2007

Safe Kids World Wide: Motor Vehicle occupant injury fact sheet. 2004

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $100,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Public Education and Support
Between 10/2009 and 09/2010, Nebraska DHHS Injury Prevention Program and Partners will identify **130** requests for best practice programming and effective evaluation methods for Child Passenger Safety

Technicians, Local Public Health Departments and Safe Kids programs.

Annual Activities:

1. Public Information

Between 10/2009 and 09/2010,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids groups, public citizens, hospitals, public health departments and technicians

Essential Service 4 – Mobilize Partnerships

Objective 1:

Child Passenger Safety Programs

Between 10/2009 and 09/2010, Nebraska DHHS Injury Program, partners and contractors will increase the rate of observed use of child restraints from 96% to **98%**.

Annual Activities:

1. Child Passenger Safety Training

Between 10/2009 and 09/2010,

- Conduct four National Highway Traffic Safety Administration child passenger trainings contingent upon outside funding.
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee on establishing a training schedule, by November, 2009.

2. Technical Assistance

Between 10/2009 and 09/2010,

- Provide technical assistance to technicians to conduct child passenger advocacy trainings to communities across the state.
- Provide technical support to over 400 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passegner safety seat checks in their communities.

Essential Service 9 – Evaluate health programs

Objective 1:

Child Passenger Safety Program Evaluation

Between 10/2009 and 09/2010, Nebraska Injury Prevention Program and contractor will conduct **one** comprehensive evaluation of the child passenger safety program.

Annual Activities:

1. Child passenger safety evaluation

Between 10/2009 and 09/2010,

- Contract with an evaluator to conduct an evaluation of the child passenger safety program.

National Health Objective: HO 15-27 Falls

State Health Objective(s):

Between 10/2009 and 09/2010, **Reduce deaths and injuries from falls**

Baseline:
7.6 deaths per 100,000 population

Data Source:
Nebraska Vital Statistics, 2007

State Health Problem:

Health Burden:

- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska.
- Falls are the leading cause of unintentional injury death for adults age 65 and over.
- Falls are the second leading cause of unintentional injury death for all ages combined.
- Childhood falls represent the leading cause of hospitalization for children aged 9 and younger.

Target Population:
Number: 500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NE Vital Statistics 2007, Hospital Discharge Data 2007

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)
Promising Practices Network (RAND Corporation)

Other: CDC- Preventing Falls: What Works

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $50,000
Total Prior Year Funds Allocated to Health Objective: $0

Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Older Adult Falls
Between 10/2009 and 09/2010, Injury Prevention Program, partners, and contractors will provide education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to **50** public health and community partners.

Annual Activities:
1. Older Adult Falls Prevention Education
Between 10/2009 and 09/2010, Provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners by presentations, at Falls Coalition Meetings
Provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day; activities include local community events, and media releases.

Objective 2:
Childhood Falls Prevention
Between 10/2009 and 09/2010, Nebraska Injury Prevention, partners and contractors will conduct **2** childhood injury prevention workshops.

Annual Activities:
1. Childhood Injury Prevention Workshops
Between 10/2009 and 09/2010,

- Plan and coordinate two childhood injury prevention workshops to include playground safety and falls prevention.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Older Adult Fall Prevention
Between 10/2009 and 09/2010, NDHHS Injury Program, Public Health Departments and community partners, contractors will implement **14** Tai Chi classes in their communities.

Annual Activities:
1. Program Development and Maintenance
Between 10/2009 and 09/2010,

- Provide Public Health Departments and community partners with training and resources to conduct Tai Chi classes in their communities.
- Develop evaluation tools to measure the falls program through formative or process evaluation.
- Collaborate with state agencies and local health departments on reducing older adult falls.

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2009 and 09/2014, **reduce the incidence of sexual assault to no more than 6.0% among women in Nebraska age 18 and up.**
Defining sexual assault is the use of coercion or physical force to subject, or attempt to subject, a person to sexual penetration or other sexual contact against his/her will, including unwanted sexual comments or advances, acs to traffic or any other act directed against a person's sexuality, regardless of their relatinship to the person, in any setting or situation. This includes such acts involving a person who is unable to consent due to age, illness, disability, influence of alcohol or drugs or any other condition that prevents an individual from consenting.

Baseline:
9.08% in 2005

Data Source:
Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

Health Burden:
- One in eight adult women, or more than 84,000 adult women in Nebraska, has experienced one or more completed forcible rapes during her lifetime, from *Rape in Nebraska: A Report to the State, 2003,* Kirkpatrick & Ruggiero.
- Twelve percent of high school females have been physically forced to have sex. (2005 Youth Risk Behavior Survey)
- Sixteen percent of high school females have been physically forced to have sex. (2007 Youth Risk Behavior Survey) Unweighted
- Ffive percent of high school males have been physically forced to have sex. (2007 Youth Risk Behavior Survey) Unweighted
- Forcible rape reports have decreased in recent years, yet these crimes continue to increase in both the most and least populated areas of Nebraska. In 2007, arrests of individuals under age 18 for forcible rapes increased 29% from 2006. Nebraska Uniform Crime Report

Health factors due Rape; from *Rape in Nebraska: A Report to the State, 2003,* Kirkpatrick & Ruggiero.
o Major depression at some time in their lives, experienced by 30% of rape victims (over25,000 victims in Nebraska) and 10% of women never victimized by violent crime.
o Current major depression, which is experienced by 21% of rape victims (nearly 18,000 victims in Nebraska) and 6% of women who were never victimized by violent crime.
o Serious suicidal thoughts at some time in their lives, experienced by 33% of rape victims (nearly 28,000 victims in Nebraska) and 8% of nonvictims of crime.
o Suicide attempt at some time in their lives, reported by 13% of rape victims (about11, 000 victims in Nebraska) and only 1% of nonvictims of crime.

Target Population:
Number: 220,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 22,000
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Nebraska Domestic Violence Sexual Assault Coalition; Youth Risk Behavior Survey (YRBS), 2005; Nebraska Crime Commission

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: There is a strong base of promising practices. Such as Banyards, 2004 article regarding Bystander Education, "The bystander approach offers opportunities to build communities and a society that does not allow sexual violence. It gives everyone in the community a specific role in preventing the community's problem of sexual violence."(Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. Journal of Community Psychology, 32, 61-79.)

Beyond the bystander approach the spectrum of prevention also provides feedback regarding promising practices. "Data and evaluation inform all levels of the Spectrum. Successful prevention requires assessment of the community factors that increase the risk of violence and those that reduce the likelihood of violence. Once these are identified, activities can be delineated along each level of the Spectrum to reduce or bolster them, respectively. Any proposed activity should be based on data showing: 1) the issue is important, 2) the population the activity is designed to reach is clear and appropriate, and 3) the intervention is promising. Data isn't just numbers. The experience and wisdom of survivors, advocates, educators, and practitioners should be honored as key data sources in the development of prevention strategies."(From Davis, R., Parks, L.F., Cohen, L. (2006). Sexual Violence and the Spectrum of Prevention: Towards a Community Solution. National Sexual Violence Resource Center.)

Another promising practice that is used within the field of sexual violence prevention is found in the article "What Works in Prevention: Principles of Effective Prevention Programs". In this article nine principles of effective programs are stated. They are listed below. Used in conjunction with the Social Ecological Model this is said to be the most effective primary prevention approach.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $42,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $30,000
Funds to Local Entities: $37,715
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Sexual Assault Prevention Education
Between 10/2009 and 09/2010, NDHHS Division of Children and Family Services and contractors Nebraska Domestic Violence Sexual Assault Coalition and 19 community-based sexual assault services will maintain **1,000** sexual assault prevention presentations and/or activities to residents of Nebraska within the context of the bystander engagement model of primary prevention.

Annual Activities:
1. Presentations to Youth
Between 10/2009 and 09/2010, 19 sexual assault/domestic violence programs across the state will conduct at least 700 sexual assault prevention-related presentations and/or activities at local schools or youth organizations targeting ages pre-school to college age. The programs will provide sufficient dosage by offering 3 presentations and/or activities with the same group of youth.

2. Presentations to Key Service Providers
Between 10/2009 and 09/2010, 19 sexual assault domestic violence programs across the state will conduct 200 sexual assault prevention presentations about bystander engagement to community leaders involved with youth.

3. Presentations to Adults
Between 10/2009 and 09/2010, The 19 sexual assault/domestic violence programs will provide 100 sexual assault prevention presentations to parents about bystander engagement.

4. Develop evaluation plan
Between 10/2009 and 09/2010, The Nebraska Domestic Violence and Sexual assault Coalition Prevention Coordinator will facilitate the process and create a best practices and resouce manual for the 19 programs. This will assist the subgrantees with their current efforts while offering practical ways to improve upon what they are currently doing within their communities.

5. Create and update presentation materials
Between 10/2009 and 09/2010, Nebraska Domestic Violence and Sexual Assault Coalition Prevention coordinator will lead the committee to develop an updated version of Reaching and Teaching Teens, soon to be called Step Up/Speak Out.

National Health Objective: HO 18-1 Suicide

State Health Objective(s):

Between 10/2009 and 09/2010, Reduce the suicide rate to no more than 8.2 per 100,000 population in Nebraska.

Baseline:
10.8 per 100,000 suicide deaths in Nebraska from 2001 - 2006.

Data Source:
NDHHS Vital Statistics

State Health Problem:

Health Burden:

- The suicide rate in Nebraska for 2001 - 2006 was 10.8 per 100,000.
- The youth suicide rate in Nebraska have been significantly higher than the national rate for this age group (10 - 17) since 2002.

Target Population:
Number: 400,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 381,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NDHHS Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $50,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Suicide Prevention

Between 10/2009 and 09/2010, The Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and the UNL Public Policy Center will conduct **one** suicide prevention summit.

Annual Activities:

1. Suicide Prevention Summit

Between 10/2009 and 09/2010, Work with the UNL Public Policy Center and the Suicide Prevention Coalition to plan and conduct one Suicide Prevention Summit.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Worksite Wellness Program*** is dedicated to improving the overall health of Nebraska adults through their places of employment.

Health Priorities: Building capacity to provide data-driven, comprehensive worksite health promotion services statewide.

Primary Strategic Partners: Local worksite wellness councils (WorkWell and WELCOA), local health and human services agencies, hospitals, state government, local health coalitions, public schools, universities and colleges, Nebraska Sports Council, and local health departments.

Evaluation Methodology: Tracking changes in health status data, data from LiveWell health assessment survey, reports from participating businesses on changes in health care and insurance costs, and aggregate biometric data obtained from employees,

State Program Setting:

Business, corporation or industry, Community based organization, Local health department, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Project Coordinator - LLCHD
State-Level: 0% Local: 55% Other: 0% Total: 55%
Position Title: Project Coordinator - TRPHD
State-Level: 0% Local: 10% Other: 0% Total: 10%
Position Title: Project Coordinator - LBPHD
State-Level: 0% Local: 33% Other: 0% Total: 33%
Position Title: Project Coordinator - ECDHD
State-Level: 0% Local: 40% Other: 0% Total: 40%

Total Number of Positions Funded: 4
Total FTEs Funded: 1.38

National Health Objective: HO 7-5 Worksite health promotion programs

State Health Objective(s):

Between 10/2008 and 09/2014, maintain support for worksite health promotion in Nebraska, building capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

Baseline:
4 subawards

Data Source:
Nebraska Department of Health and Human Services

State Health Problem:

Health Burden:
Only a fraction of Nebraska worksites offer comprehensive health promotion programs to their employees, leaving many opportunities to reach working-age adults with health promotion and prevention messages, as well as services such as health risk appraisal and counseling to lower risk to employee health.

Target Population:
Number: 120,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 20,000
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Department of Economic Development

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Task Force on Community Preventive Services, which states "use of selected worksite policies and programs can reduce health risks and improve the quality of life for 141 million full and part-time workers in the United States." Nine exemplary companies were studied by the national task force. Two of the nine companies, Lincoln Industries and Duncan Aviation, are WorkWell member companies.

Well Workplace Seven Benchmarks for Success from Wellness Council of America (WELCOA), modified to meet local Nebraska needs.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $280,449
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:

Worksite Wellness Capacity

Between 10/2009 and 09/2010, NDHHS staff and subawardees and contractors will develop **100** worksites actively engaged in worksite health promotion activities.

Annual Activities:

1. Training and Technical Assistance

Between 10/2009 and 09/2010, provide technical assistance and training to at least 120 worksites

Essential Service 7 – Link people to services

Objective 1:

Active Participation

Between 10/2009 and 09/2010, NDHHS staff and contractor will provide opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1,000** State Employees.

Annual Activities:

1. Live Healthy Nebraska

Between 10/2009 and 09/2010, subsidize the cost for State Employees to register for Live Healthy Nebraska, a physical activity and nutrition (weight loss) challenge; contractor (Nebraska Sports Council) manages registration, tracking and evaluation.